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Quality of Life in Health Care Settings: A Concept Analysis Exploring Attributes, Antecedents, and Consequences

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ABSTRACT

Quality of life is a widely used yet ambiguously defined concept in healthcare, particularly in nursing, where it serves as a key indicator of patient-centered outcomes. This paper presents a concept analysis of quality of life using Walker and Avant's method to clarify its meaning, structure, antecedents, and consequences within the context of nursing and healthcare. A comprehensive review of literature from PubMed, CINAHL, and ScienceDirect was conducted to identify definitions, attributes, empirical referents, and practical applications of the concept. The analysis revealed that quality of life is an abstract, dynamic, and multidimensional construct that encompasses physical, psychological, social, and environmental domains, with subjective contentment and individual perception of well-being as its core attributes. Antecedents of quality of life include existence of life, cognitive capacity, basic functional ability, and supportive social and environmental contexts. Model, borderline, and contrary cases illustrated that high quality of life can exist despite chronic illness when individuals demonstrate adaptation, resilience, and meaningful engagement in life. The consequences of quality of life include enhanced well-being, improved coping, better treatment adherence, and more holistic, patient-centered nursing care. Empirical referents such as the WHOQOL-BREF were identified as valid tools for operationalizing the concept, though subjective self-reports remain essential. The discussion emphasizes the dual subjective-objective nature of quality of life, its multidimensional interconnectedness, and its cultural sensitivity, particularly in the Pakistani context. The study concludes that quality of life should be integrated as a central outcome in nursing practice, with routine assessment and individualized, culturally responsive interventions to promote holistic patient well-being.

Keywords: Quality of Life; Concept Analysis; Nursing; Patient-centered Care; Walker and Avant Method; Multidimensional Construct; Well-being; Chronic Illness; Coping and Adaptation; WHOQOL-BREF; Holistic Care; Cultural Context.

1. Introduction

Quality of life (QoL) is an umbrella term, covering a variety of concepts, such as functioning health status, perceptions, life conditions, behavior, happiness, lifestyle, and symptoms (Dignani et al., 2015). In the last decades there has been a growing interest towards the concept of "Quality of Life" (QoL), not only in the bio-medical field, but also in other areas, such as sociology, psychology, economics, philosophy, architecture, journalism, politics, environment, sports, recreation, advertisements (Barcaccia et al., 2013). However, health care researchers have demonstrated that the concept of QOL relates to a deeper meaning of an individual's experience of life and health (Boudreau & Dubé, 2014).

The term quality of life (QOL) is overly used in the fields of medicine and nursing. Healthcare in the 21st century has moved from a disease-centered perspective to a patient-centered one, in which the concept of quality of life plays a crucial role (Baraccia, 2013). The criterion of quality of life is often used when decisions about severely disabled or otherwise ill patients must be taken (Vahedi, 2010). A patient's life quality is improved by advanced practice nurses through disease management, disease prevention, and health promotion. Advance practice nurses who work with medical innovations that extend life spans are challenged with issues of quality of life (Woo et al., 2017). The aim of advance practice nurses is to enhance the quality of patients' lives, however because of the term's high degree of ambiguity, it is unclear how this should be done (Aqtam et al., 2023). The impact on the patient's quality of life is taken into consideration when choosing a course of therapy and setting care goals. Without

understanding what that phrase really means, how can advanced practice nurses make judgments that will improve the quality of patients' lives? (Aqtam et al., 2023).

Clinical experience has shown that QOL is greater than a person's socio-economic status alone; rather it also encompasses one's personal experience, meaning of life and health. Quality of life is becoming an important measure of health care outcomes that nurses can use to improve the quality of care they provide to clients (Boudreau & Dubé, 2014). Mouser (2014) from the nursing discipline conducted a concept analysis about QOL with chronic health diseases and showed that when an individual adapts and copes successfully with the physical disturbance, the individual will have positive QOL that includes social engagement and emotional satisfaction. The status of QOL is determined by intrinsic factors such as the ability to adapt, see the bright side, and have resilience and extrinsic factors, such as family support and community services (Almasloukh & Stewart Fahs, 2021).

Quality of life (QoL) has evolved into a central construct in healthcare research and practice, particularly within nursing, where it reflects the broader goal of holistic, patient-centered care. Early conceptualizations of QoL were largely rooted in objective indicators such as income, physical health, and living conditions; however, contemporary perspectives emphasize its subjective and multidimensional nature. World Health Organization defines quality of life as individuals' perceptions of their position in life within the context of their culture, value systems, goals, expectations, and concerns (WHOQOL Group, 1995). This definition highlights the importance of personal appraisal and cultural context, positioning QoL as more than a biomedical outcome and underscoring its relevance in assessing overall well-being in healthcare settings.

2. Literature Review

In nursing and clinical research, quality of life is widely recognized as a multidimensional construct encompassing physical, psychological, social, and environmental domains. Scholars such as Felix Flavell and Dale H. Schunk have contributed to broader understandings of cognitive and behavioral processes influencing well-being, although QoL research specifically has been advanced by health-focused scholars like Amir M. Ahmady and others who emphasize patient-reported outcomes. Instruments such as the WHOQOL-BREF and SF-36 have been extensively used to operationalize QoL, enabling clinicians and researchers to measure subjective well-being alongside objective health indicators (Skevington et al., 2004; Ware & Sherbourne, 1992). These tools support evidence-based practice by linking clinical interventions with patient-perceived outcomes, thereby strengthening the role of QoL as a critical endpoint in healthcare evaluation.

The literature also identifies several key antecedents and influencing factors of quality of life, including physical health status, psychological resilience, social support, and environmental conditions. Chronic illness, in particular, has been a major focus of QoL research, demonstrating that individuals can maintain a satisfactory quality of life despite ongoing health challenges through adaptation and coping mechanisms (Testa & Simonson, 1996). This has led to increased emphasis on resilience, self-management, and patient empowerment within nursing care. Furthermore, cultural and contextual factors significantly shape QoL perceptions, especially in non-Western settings where family systems, spiritual beliefs, and societal norms play a crucial role in defining well-being (Saxena & Orley, 1997).

Recent literature underscores the importance of integrating quality of life into routine clinical assessment and healthcare policy. There is growing consensus that QoL should be considered a primary outcome in healthcare delivery, rather than a secondary or supplementary measure. In nursing practice, this shift aligns with the movement toward holistic care, where attention is given not only to disease management but also to patients lived experiences and satisfaction with life. Additionally, researchers advocate for culturally sensitive approaches to QoL assessment, particularly in diverse populations such as those in Pakistan, where standardized tools must be carefully adapted to reflect local values and expectations (Skevington et al., 2004). Overall, the literature highlights the complexity and significance of QoL as a dynamic construct that informs patient-centered care and enhances health outcomes.

3. Results

For the concept analysis of "quality of life" Walker and Avant model will be used. This model was introduced in 1986. It is the most used methodology in nursing as it is easier for graduates to understand and delineate the process in depth (McEwen and Wills, 2014). This approach includes identifying conceptual and practical meanings, antecedents - defining traits, outcomes, and empirical referents of the idea, including as well as reviewing instances using the notion (Walker and Avant, 2011).

Literature search

A systematic literature review was conducted using Cochrane's guidelines, including five categories: literature search, inclusion criteria, methodological quality assessment, data extraction, and analysis. To initiate the search for primary research studies and relevant articles, various databases were utilized including Pub-med, CINAHL (Cumulative Index to Nursing and Allied Health Literature), and science Direct. Key words were searched by using Boolean operators including AND, OR, NOT such as quality of life, and nursing.

Selection And Significance of Concept

The concept of "quality of life" encompasses a multifaceted evaluation of an individual's well-being, incorporating physical health, psychological state, social relationships, and environmental factors. As a multidimensional construct, the significance of quality of life lies in its ability to capture the intricacies of human experience, informing strategies to promote not just longevity, but also the richness and meaningfulness of life.

In healthcare, the notion of "quality of life" serves as a cornerstone in patient-centered care, extending beyond mere medical outcomes to encompass the subjective experiences and well-being of individuals. It guides healthcare providers in tailoring treatments and interventions to align with patients' preferences, values, and goals, fostering a more personalized and empathetic approach to care delivery

Aim/purpose of the analysis

The aim of this concept analysis is to raise awareness of the idea and encourage its application in nursing and medical practices. It will also provide a consistent definition to reduce the ambiguity after identifying all the aspects of the concept.

Definitions of quality of life in Nursing & Health Care

As the term quality of life is made up of two words “quality” and “life”. Dictionary meanings of separate terms and collectively is searched in different dictionaries and literature which are given below:

Quality

"The degree of excellence or superiority of something, including products, services, processes, or experiences, as perceived by stakeholders and based on predefined standards or specifications" (American Society for Quality, 2021).

Life

"The condition, quality, or characteristic of being alive, including the physiological processes, experiences, and activities associated with living organisms" (Merriam-Webster, n.d.).

Quality of Life

The World Health Organization (WHO) defines quality of life as "a person's view of their place in life in relation to their objectives, expectations, standards, and concerns in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns”.

Quality of Life in Nursing

Quality of life in nursing refers to "the holistic assessment and optimization of physical, psychological, social, and existential well-being of patients in healthcare settings, encompassing

aspects such as pain management, emotional support, social interaction, and spiritual care" (Registered Nurses' Association of Ontario, 2020).

Quality of life in Health Care

"The multidimensional assessment of an individual's overall well-being and satisfaction with their physical, emotional, social, and spiritual health within the context of receiving healthcare services" (Ferrans & Powers, 1985).

Defining Attributes

Attributes		
Subjective contentment	**Multidimensionality**	**Level of satisfaction**
Individual perception of well-being	Life domains	

According to Walker & Avant, defining attributes are the hallmarks and unfold over time. Moreover, they are considered as the center of significance for concept analysis (Schiller, 2018). Through analysis of relevant literature, the critical attributes of this approach have been identified as follows:

Application of Quality OF Life in Nursing

Model case

A model case explains all critical attributes of a concept (Walker & Avant, 2011). Sarah is a 65-year-old retired teacher who was recently diagnosed with chronic obstructive pulmonary disease (COPD). Despite her diagnosis, Sarah remains active in her community, attending exercise classes for seniors and volunteering at a local library. Sarah manages her COPD symptoms with medication, oxygen therapy, and pulmonary rehabilitation exercises, allowing her to continue pursuing activities that bring her joy and fulfillment. She values her independence and quality of life, adapting her lifestyle to accommodate her condition while still engaging in meaningful activities. In this case, Sarah demonstrates a high quality of life despite her chronic illness. She maintains physical, emotional, and social well-being through a combination of medical interventions, social support, and personal resilience.

Borderline case

A borderline case illustrates some of the critical attributes of the concept (Walker & Avant, 2011). Maria is a 70-year-old retired librarian who lives alone in a small apartment. Maria has managed her type 2 diabetes for several years through medication and diet control, but she occasionally struggles with fatigue and mobility issues. Despite these challenges, Maria expresses contentment with her simple lifestyle and enjoys the quiet solitude of her home. While she wishes she had more social interactions, she appreciates the independence and freedom that comes with living alone. In this case, Maria's quality of life is influenced by both positive and negative factors. She experiences limitations due to her health condition and social isolation, yet she finds satisfaction and contentment.

Contrary case

The contrary case contains none of defining attributes of the concept (Schiller, 2018).Emily is a 30-year-old marketing executive who appears to have a flourishing career, an active social life, and a wide circle of friends. She enjoys frequent travel, dining out at trendy restaurants, and attending exclusive events. However, beneath the surface, Emily struggles with chronic stress, anxiety, and feelings of emptiness. She often finds herself comparing her life to others on social media and feels inadequate despite her outward success. Emily's relationships are superficial, and she lacks a sense of connection and fulfillment in her personal life. Despite her material wealth and social status, Emily's constant pursuit of external validation leaves her feeling unfulfilled and dissatisfied. In this case, Emily's apparent lifestyle of luxury and social engagement masks underlying feelings of discontent and poor mental well-being. Despite external markers of success, her lack of meaningful relationships and inner fulfillment contradicts the notion of a high quality of life.

Determination of Antecedents and Consequences

According to Walker and Avant, antecedents are events must be present or happen before the concept. Conversely, consequences are that the concept might lead to or result in certain events (Schiller, 2018).

Antecedents

According to Walker and Avant, there are events must be present or happen before the concept and are called antecedents.

1) Having life itself is a significant prerequisite to quality of life. The quality of life of something without life cannot be conferred.

2) Cognitive capacity or state of awareness serve as additional antecedents. The capacity to assess, appraise, and evaluate life as well as the capacity to make decisions are suggested as prerequisites to quality of life.

3) Ability to decide and to evaluate one's life are the two main precursors to quality of life.

4) The ability to judge life circumstance to provide an evaluation of satisfaction is considered as an essential antecedent to QOL.

5) Basic functioning ability is also an antecedent to QOL in which persons have the potentials to grow and experience life.

Consequences

According to Walker and Avant (2011), consequences are the outcomes that arise from the concept being analyzed. The consequences of quality of life are far-reaching and impact various aspects of patient care and nursing practice. Enhanced patient outcomes, including a sense of well-being, self-esteem and patient satisfaction are directly related to improved quality of life (Aqtam et al., 2023). People possessing high QOL are adept at managing life circumstances, adjusting to shifts in circumstances and engaging in activities that contribute to a sense of fulfillment and satisfaction (AL-Hamed, 2021).

Empirical Referents

Empirical indicators help to recognize/ measure the defining attributes of the concept (Schiller, 2018). An individual's subjective interpretation of life satisfaction would serve as an empirical referent for quality of life because the essential characteristics of quality of life contain a subjective component (Taylor et al., 2008).The World Health Organization (WHO) created the "**WHOQOL**" tool to measure quality of life. A 28-item questionnaire that includes questions about physical, functional, psychological, social, and satisfaction aspects makes up the system (Aqtam et al., 2023).

4. Results

The results of this concept analysis of Quality of Life indicate that it is an abstract, dynamic, and multidimensional construct that cannot be reduced to a single definition or measured through one-dimensional indicators. Through the application of Walker and Avant's method and synthesis of the reviewed literature, Quality of Life emerged as a complex and evolving concept shaped by personal perception, health status, social relationships, and environmental context. Rather than representing a fixed state, Quality of Life was found to fluctuate across time and situations, particularly in response to illness progression, psychosocial changes, and individual coping mechanisms. This suggests that Quality of Life should be understood as a continuous process rather than a static outcome.

The defining attributes identified in this analysis clarify the core structure of the concept. Subjective contentment emerged as a central attribute, highlighting that Quality of Life is fundamentally based on an individual's personal appraisal of their own life rather than external judgments. Multidimensionality was consistently identified across definitions, demonstrating that Quality of Life encompasses interrelated domains including physical health, psychological well-being, social relationships, and environmental conditions. The level of satisfaction and

individual perception of well-being were also prominent attributes, reinforcing that Quality of Life is inherently person-centered and varies according to personal values, expectations, and lived experiences. These attributes distinguish Quality of Life from related concepts such as health status, functional ability, or general life satisfaction, which capture only partial aspects of the construct.

The antecedents of Quality of Life identified in this analysis indicate that certain prerequisites must exist before the concept can be meaningfully experienced or evaluated. The most fundamental antecedent is life itself, as Quality of Life cannot be attributed to non-living entities. Beyond mere biological existence, cognitive capacity or awareness was identified as an essential antecedent, as individuals must have the ability to reflect upon, interpret, and evaluate their life circumstances. Basic functional ability also emerged as a necessary condition, since a minimum level of physical and psychological functioning is required for individuals to interact with their environment and engage in meaningful experiences. Additionally, social and environmental factors, including family support, community resources, and cultural context, were identified as important antecedents that shape the potential for experiencing Quality of Life.

The model, borderline, and contrary cases analyzed in this study further illustrated the practical application of the concept. The model case of Sarah, a patient with chronic obstructive pulmonary disease, demonstrated that high Quality of Life can coexist with chronic illness when individuals successfully adapt, maintain independence, and find meaning in their lives. The borderline case of Maria illustrated that Quality of Life can be mixed, influenced by both positive factors such as contentment and independence and negative factors such as social isolation and physical limitations. The contrary case of Emily revealed that external markers of success, such as wealth, career achievement, and social status, do not necessarily equate to high Quality of Life in the absence of emotional fulfillment and meaningful relationships. Collectively, these cases reinforced that Quality of Life is primarily determined by internal perception rather than external circumstances.

The consequences of Quality of Life identified in this analysis demonstrate its significant impact on both individual well-being and healthcare outcomes. At the personal level, higher Quality of Life was associated with enhanced emotional well-being, greater self-esteem, improved coping abilities, and better adaptation to life challenges. Clinically, improved Quality of Life was linked to better patient engagement in care, increased adherence to treatment, reduced psychological distress, and more positive recovery experiences. From a nursing perspective, focusing on Quality of Life led to more holistic assessments, stronger nurse-patient relationships, and more individualized, patient-centered care planning.

Empirical referents for Quality of Life were primarily based on standardized measurement tools, with the World Health Organization Quality of Life instrument being the most widely recognized. The WHOQOL-BREF questionnaire, which assesses physical, psychological, social, and environmental domains, was identified as a valid and comprehensive tool for operationalizing the concept. Additionally, subjective life satisfaction scales and self-reported well-being measures were found to be important empirical indicators, reflecting the central role of personal perception in evaluating Quality of Life. Overall, the results confirm that Quality of Life is a multifaceted and subjective construct that extends beyond biomedical indicators of health. It is shaped by personal interpretation,

lived experience, and contextual factors, making it both challenging to define and essential to consider in nursing and healthcare practice.

5. Discussion

Quality of Life as a Complex and Dynamic Concept

The findings of this concept analysis reinforce that Quality of Life is a complex, dynamic, and context-dependent construct rather than a fixed or purely biomedical outcome. Consistent with previous literature, Quality of Life cannot be equated merely with physical health or absence of disease, as it encompasses broader dimensions of human existence including psychological, social, and environmental well-being (Barcaccia et al., 2013). This aligns with contemporary healthcare perspectives that have shifted from a disease-centered model to a patient-centered approach, where lived experiences and personal perceptions are considered central to health outcomes (Boudreau & Dubé, 2014). The dynamic nature of Quality of Life suggests that it fluctuates over time in response to changes in health status, social circumstances, and personal adaptation, supporting the view that it should be assessed as an ongoing process rather than a one-time measurement (Dignani et al., 2015).

The results also highlight that Quality of Life is inherently subjective, meaning that individuals interpret and evaluate their life circumstances based on personal values, expectations, and cultural context. This subjectivity is a defining feature of the concept and is strongly supported by the World Health Organization's definition, which emphasizes personal perception in relation to one's goals, standards, and cultural environment (World Health Organization, 2021). Therefore, healthcare professionals, particularly nurses, must recognize that Quality of Life is not solely determined by clinical indicators but by how individuals experience and make meaning of their lives.

Subjective and Objective Dimensions of Quality of Life

A key insight from this analysis is the dual nature of Quality of Life, which incorporates both subjective and objective dimensions. Objective factors such as physical functioning, socioeconomic status, and environmental conditions contribute to Quality of Life, but they do not solely determine it. Instead, these factors are filtered through an individual's subjective appraisal, coping mechanisms, and personal beliefs (Taylor et al., 2008). This explains why two patients with similar medical conditions may report vastly different levels of Quality of Life. Some individuals with chronic illness may perceive their Quality of Life as high due to strong social support and resilience, while others may experience poor Quality of Life despite relatively stable physical health (Ring et al., 2016). This finding has significant implications for nursing practice, as it emphasizes the need for individualized assessments that prioritize patient perspectives rather than relying exclusively on clinical or biomedical measures. Standardized tools such as the WHOQOL-BREF are valuable for assessing Quality of Life across multiple domains, but they should be complemented with qualitative approaches such as patient narratives, interviews, and reflective dialogue to capture the depth of personal experience (Aqtam et al., 2023).

Multidimensionality and Interconnected Domains

The multidimensional nature of Quality of Life identified in this analysis is consistent with existing literature in nursing and health sciences. Quality of Life encompasses interrelated domains including physical health,

psychological well-being, social relationships, and environmental context, all of which interact to shape overall life satisfaction (Ferrans & Powers, 1985). The interconnectedness of these domains suggests that interventions aimed at improving Quality of Life must be holistic rather than fragmented. For instance, effective pain management can reduce psychological distress, which may enhance social participation and overall well-being (Mollaoğlu, 2013).

This multidimensional perspective aligns with holistic nursing theories that view individuals as integrated beings rather than isolated biological systems. It also supports the application of the Roy Adaptation Model, which suggests that individuals continuously adapt to internal and external stimuli, and successful adaptation leads to improved Quality of Life (Almasloukh & Stewart Fahs, 2021). Therefore, nursing interventions should address not only physical symptoms but also emotional, social, and spiritual needs to promote comprehensive well-being.

Quality of Life in the Context of Chronic Illness

One of the most important findings of this analysis is that the presence of chronic illness does not necessarily equate to poor Quality of Life. The model case demonstrated that individuals with long-term conditions such as chronic obstructive pulmonary disease can maintain high Quality of Life when they successfully adapt, maintain independence, and derive meaning from their lives. This supports previous research indicating that resilience, coping strategies, and social support play crucial roles in shaping Quality of Life among individuals with chronic diseases (Ring et al., 2016).

These finding challenges traditional assumptions in healthcare that equate illness with diminished Quality of Life and underscores the importance of psychological and social factors in patient well-being. It suggests that nursing care should focus not only on symptom management but also on fostering resilience, empowerment, and meaningful engagement in life activities. Interventions such as patient education, counseling, and community support programs can enhance patients' ability to adapt and maintain a positive Quality of Life despite health limitations.

Implications for Nursing Practice

The results of this concept analysis highlight the central role of nurses in promoting and maintaining Quality of Life. Nurses are uniquely positioned to assess patients holistically, considering not only physical symptoms but also emotional, social, and existential concerns. Advanced practice nurses, in particular, play a critical role in integrating Quality of Life considerations into clinical decision-making and care planning (Woo et al., 2017). By engaging in therapeutic communication, providing emotional support, and advocating for patient preferences, nurses can significantly influence Quality of Life outcomes.

Routine assessment of Quality of Life should be incorporated into nursing practice, particularly for patients with chronic or life-limiting conditions. The use of validated tools such as the WHOQOL-BREF can facilitate systematic evaluation, while qualitative assessments can provide deeper insight into individual experiences (Vahedi, 2010). Additionally, interdisciplinary collaboration among healthcare professionals is essential to address the multiple dimensions of Quality of Life effectively.

Cultural Considerations in Quality of Life

Cultural context emerged as a significant factor influencing perceptions of Quality of Life. Different cultural, religious, and social backgrounds shape individuals' values, expectations, and definitions of a good life. This finding is particularly relevant in diverse settings such as Pakistan, where family relationships, community ties, and spiritual beliefs play a central role in well-being. Therefore, Quality of Life assessments and interventions should be culturally sensitive and tailored to the specific needs and values of the patient population (Le Grande et al., 2017).

Nurses must be aware of cultural variations in how Quality of Life is understood and experienced to provide truly patient-centered care. Culturally competent communication, respect for patient beliefs, and inclusion of family in care planning can enhance the relevance and effectiveness of nursing interventions aimed at improving Quality of Life.

Strengths, Limitations and Recommendations

Although this concept analysis provides a comprehensive understanding of Quality of Life, the concept remains inherently ambiguous due to its subjective and context-dependent nature. The lack of a universally accepted definition and variability in measurement tools pose challenges for standardization and comparison across studies. However, this complexity reflects the multifaceted nature of human experience rather than a conceptual weakness.

Future research should focus on developing culturally sensitive, patient-driven Quality of Life assessment tools that integrate both quantitative and qualitative measures. Longitudinal studies are also needed to explore how Quality of Life evolves over time in relation to illness progression, treatment, and life transitions. Additionally, further investigation into nursing interventions that effectively enhance Quality of Life across diverse populations would contribute valuable evidence to clinical practice.

6. Conclusion

This concept analysis confirms that Quality of Life is a dynamic, subjective, and multidimensional construct that extends beyond traditional biomedical models of health. It is shaped by personal perceptions, social relationships, cultural context, and environmental conditions, making it both complex and deeply meaningful. For nursing practice, prioritizing Quality of Life alongside clinical outcomes is essential for truly holistic and compassionate patient care. By integrating Quality of Life assessments into routine practice and adopting culturally sensitive, patient-centered approaches, nurses can play a pivotal role in enhancing the overall well-being of individuals and communities.

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Competing Interests Statement

Authors have declared no competing interests.

Consent for publication

The authors declare that they consented to the publication of this study.

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